



MISSOURI DEPARTMENT OF REVENUE
MOTOR VEHICLE BUREAU
APPLICATION FOR CONFIRMATION OF CONVERSION

FORM
5314
(REV. 02-2011)

OWNER NAME		RESIDENTIAL ADDRESS			
MAILING ADDRESS		CITY		STATE	ZIP
MANUFACTURED HOME INFORMATION					
NAME OF MANUFACTURER		DIMENSIONS OF THE HOME		DATE OF PURCHASE	HOME IS: <input type="checkbox"/> NEW <input type="checkbox"/> USED
MODEL YEAR	MAKE	MODEL NAME	MANUFACTURER'S SERIAL NUMBER OF THE MANUFACTURED HOME		
PURCHASE PRICE OR DECLARED VALUE OF THE MANUFACTURED HOME _____					
PREVIOUS OWNER INFORMATION					
PREVIOUS OWNER'S NAME AND STREET ADDRESS		CITY		STATE	ZIP
STATEMENT OF FACTS REGARDING CERTIFICATE OF TITLE					
I HEREBY STATE THE FOLLOWING: (PLACE INITIALS IN APPLICABLE BOXES)					
<input type="checkbox"/> The following facts are known by me which affect the validity of the title to the manufactured home referenced above (attach a separate exhibit if more space is needed). _____					
<input type="checkbox"/> I am not aware of any facts or information that could affect the validity of the title of the manufactured home or the existence or nonexistence of a security interest in or lien on it.					
LIENHOLDER(S) INFORMATION (IN ORDER OF PRIORITY)					
LIENHOLDER NAME		ADDRESS			
LIENHOLDER NAME		ADDRESS			
PARTIES REQUESTING WRITTEN ACKNOWLEDGEMENT OF CONVERSION					
NAME		ADDRESS			
NAME		ADDRESS			
Under the penalties of perjury, I hereby affirm that the information contained in this application is true and accurate.					
APPLICANT'S SIGNATURE		PRINTED NAME		DATE	
NOTARY SEAL	STATE		COUNTY (OR CITY OF ST. LOUIS)		
	SUBSCRIBED AND SWORN BEFORE ME, THIS _____ DAY OF _____				
	NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES _____		
	NOTARY PUBLIC NAME (TYPED OR PRINTED)				
TO BE COMPLETED BY AN ATTORNEY-AT-LAW OR AN AGENT OF A TITLE INSURANCE COMPANY					
I certify that the manufactured home described in this Application for Confirmation of Conversion is free and clear of, or has been released from, all recorded security interests, liens, and encumbrances.					
PLACE YOUR INITIALS IN ONE OF THE APPLICABLE BOXES BELOW:					
<input type="checkbox"/> I certify 1) that the following facts are known to me that could affect the validity of the certificate of title to the manufactured home described in this application, or 2) that I am aware of the existence of the following lien or encumbrance to the manufactured home described in this application (attach separate exhibit if more space is needed): _____					
OR,					
<input type="checkbox"/> I am not aware of any facts or information which may affect the validity of the certificate of title to, or the existence of any lien or encumbrance on the manufactured home described in this application. _____					
Bar Number if an Attorney _____		License Number if a Title Insurance Agent _____			
Signature of Attorney or Title Insurance Agent		Typed or Printed Name		Date	